



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|--|----------------------|
| Application No. | 09/471,220 |
| Filing Date | December 23, 1999 |
| First Named Inventor | Lloyd L. Pollard, II |
| Art Unit | 2123 |
| Examiner Name | Jones, Hugh M. |
| Total Number of Pages in This Submission | 32 |
| Attorney Docket Number | 42390P7604 |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Cross Reference under 37 CFR 1.78(a)(2) to Related Applications (2 pages) |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | Return Postcard |
| <input checked="" type="checkbox"/> PTO/SB/08 | | Copy of PCT Search Report (4 pgs) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Basic Filing Fee | | |
| <input type="checkbox"/> Declaration/POA | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | Mark A. Kupanoff, Reg. No. 55,349 |
| | BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | |
| Date | May 16, 2005 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| | | | |
|-----------------------|----------------|------|--------------|
| Typed or printed name | Alma Goldchain | | |
| Signature | | Date | May 16, 2005 |



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
300.00

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/471,220 |
| Filing Date | December 23, 1999 |
| First Named Inventor | Lloyd L. Pollard, II |
| Examiner Name | Jones, Hugh M. |
| Art Unit | 2123 |
| Attorney Docket No. | 42390P7604 |

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

| | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Total Claims | 22 | 22* | 0 |
| Independent Claims | 6 | 6* | 0 |
| Multiple Dependent | | | |

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|---|
| Fee Code | Fee Code | |
| 1202 50 | 2202 25 | Claims in excess of 20 |
| 1201 200 | 2201 100 | Independent claims in excess of 3 |
| 1203 360 | 2203 180 | Multiple Dependent claim, if not paid |
| 1204 300 | 2204 150 | **Reissue independent claims over original patent |
| 1205 300 | 2205 150 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (1) (\$)
0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|--|----------|
| Fee Code | Fee Code | | |
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 2053 130 | 2053 130 | Non-English specification | |
| 1251 120 | 2251 60 | Extension for reply within first month | 120.00 |
| 1252 450 | 2252 225 | Extension for reply within second month | |
| 1253 1,020 | 2253 510 | Extension for reply within third month | |
| 1254 1,590 | 2254 795 | Extension for reply within fourth month | |
| 1255 2,160 | 2255 1,080 | Extension for reply within fifth month | |
| 1401 500 | 2401 250 | Notice of Appeal | |
| 1402 500 | 2402 250 | Filing a brief in support of an appeal | |
| 1403 1,000 | 2403 500 | Request for oral hearing | |
| 1451 | 2451 | Petition to institute a public use proceeding | |
| 1460 130 | 2460 130 | Petitions to the Commissioner | |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | 180.00 |
| 1809 790 | 1809 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 790 | 2810 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| Other fee (specify) | | | |
| SUBTOTAL (2) | | | 300.00 |

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|------------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Mark A. Kupanoff | Registration No. (Attorney/Agent) | 55,349 | Telephone | (408) 720-8300 |
| Signature | | | | Date | 05/16/05 |